

**Defense Health  
Agency Great Lakes  
(DHA-GL)**

**Process Guide**

# **DEFENSE HEALTH AGENCY GREAT LAKES (DHA-GL)**

## **Process Guide**

This guide was developed to assist active duty, reservist, guard members, unit medical and command representatives with commonly used DHA-GL services (or processes).

<b>HOW TO...</b>	<b>Page</b>
<b>Forward Medical Eligibility Documentation to DHA-GL</b>	<b>4</b>
<b>Submit a Request for Pre-authorization for Line of Duty Medical Care</b>	<b>6</b>
<b>Submit an Appeal</b>	<b>8</b>
<b>Pharmacy Reimbursement for Guard and Reservist with Line of Duty (LOD) injuries or illness</b>	<b>11</b>
<b>Get Reimbursed for Pre-Paid Out-of-Pocket Medical Bills</b>	<b>13</b>
<b>Get a Medical bill removed from a Credit Report</b>	<b>16</b>

# Privacy Act Statement

**Privacy Act Statement:** This statement serves to inform you of the purpose for collecting information required by the Defense Health Agency Great Lakes and how it will be used.

**AUTHORITY :** 10 U.S.C. Chapter 55, Medical and Dental Care; 32 CFR 199.17, TRICARE program; and E.O. 9397 (SSN), as amended.

**PURPOSE:** To collect information from Military Health System beneficiaries in order to determine their eligibility for coverage under the TRICARE Program.

**ROUTINE USES:** Use and disclosure of your records outside of DoD may occur in accordance with 5 U.S.C. 522a(b) of the Privacy Act of 1974, as amended, which incorporates the DoD Blanket Routine Uses published at: [http://dpclo.defense.gov/privacy/SORNs/blanket\\_routine\\_uses.html](http://dpclo.defense.gov/privacy/SORNs/blanket_routine_uses.html).

Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the HIPPA Privacy Rule (45 CFR Parts 160 and 164), as implemented within DoD by 6025.18-R. Permitted uses and discloses of PHI include, but are not limited to, treatment, payment, and healthcare operations.

**DISCLOSURE:** Voluntary; however, failure to provide information may result in the denial of coverage.

# How to Forward Medical Eligibility Documentation to Defense Health Agency Great Lakes (DHA-GL)

---

**Who This is For** National Guard and Reservist

---

**Background and purpose** Medical eligibility documents are used to document, establish, manage, and authorize civilian health care for eligible Reservist and National Guard Guard members who incur or aggravate an injury, illness or disease in the line of duty.

Defense Health Agency Great Lakes (DHA-GL) is responsible for the authorization of civilian medical care for Reservist and National Guard members who are NOT in the catchment area of a Military Treatment Facility (MTF).

---

**Eligibility** Reservist and National Guard members who incur or aggravate an injury, illness or disease in the line of duty.

---

**Filing Process** Follow these steps to forward medical eligibility documentation to DHA-GL:

Step	Action
1	Unit medical representative completes DHAGL Medical Eligibility Verification Worksheet DHAGL Worksheet 01.
2	<p>Unit medical representative FAXes or mails a copy of orders or drill attendance sheet along with DHA-GL Medical Eligibility Verification Worksheet to the following FAX or address:</p> <p><b>FAX: 847-688-6460 OR 7394</b></p> <p>Defense Health Agency Great Lakes (DHA-GL) Attn: Reserve Eligibility 2834 Green Bay Road Ste 304 North Chicago IL 60064-3091</p> <p><u>Note:</u> If a service member needs follow-up medical care please see DHA-GL Process Sheet “How to Submit a Request for Pre-Authorization for Line of Duty Medical Care” topic.</p>

## How to Forward Medical Eligibility Documentation to DHA-GL

---

<b>Claim Payment</b>	Civilian providers must submit claims for medical care rendered directly to the Regional TRICARE contractor for payment.
----------------------	--------------------------------------------------------------------------------------------------------------------------

---

<b>Results and Follow up</b>	After the required medical eligibility documents have been submitted to DHA-GL for the initial episode of care, units can request a pre-authorization for follow up medical care through the DHA-GL Line of Duty Section. The request must include a <b><u>Service Approved</u></b> Line of Duty. Any claims for medical care rendered without a pre-authorization will be denied.
------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

---

<b>Link</b>	<a href="#">DHA-GL Medical Eligibility Verification Worksheet MMSO Worksheet 01</a>
-------------	-------------------------------------------------------------------------------------

---

<b>Point of Contact</b>	If you have questions or need additional assistance beyond the information provided here, contact:
-------------------------	----------------------------------------------------------------------------------------------------

Division	Healthcare Support Services Branch
Position	Customer Service Representative
Phone	888-647-6676
Fax	847-688-6460 or 7394

# How to Submit a Request for Pre-authorization for Line of Duty (LOD) Medical Care

Who this is for      National Guard and Reservist

---

Background and purpose      Defense Health Agency Great Lakes (DHA-GL) is responsible for pre-authorizing all civilian medical care for eligible National Guard and Reservist who have been injured or became ill in the line of duty during a period of qualified duty and **are not in the catchment area** of a Military Treatment Facility (MTF).

---

Eligibility      You must meet the following criteria:

- National Guard or Reservist and have been issued a Line of Duty Determination (LOD) and are not in the catchment area of a MTF.
- Have medical eligibility documentation on file at DHA-GL prior to requesting care. See DHA-GL process sheet “How to Forward Medical Eligibility Documentation to DHA-GL” for complete instructions.

---

Filing Process      Follow these steps to receive pre-authorization for civilian health care:

Action	
1	<b>Member or unit medical representative</b> finds a Network Provider who can provide the care.  NOTE: Call your Regional TRICARE Contractor or <a href="http://www.tricare.mil/welcome">www.tricare.mil/welcome</a> to locate a Network Provider.
2	Unit medical representative completes a Pre-Authorization Request for Medical Care - <a href="#">DHA-GL Worksheet-02</a> .  <u>Note</u> : Ensure specific medical care requested (e.g. orthopedic visit and 3 f/u visits or 12 PT visits, etc.), to include CPT codes, is listed in block 13 of the DHA-GL Worksheet-02. If a surgical pre-authorization is requested, complete and submit <a href="#">DHA-GL Surgical Pre-Authorization Worksheet-06</a> .
3	Unit medical representative FAXes or mails DHAGL Worksheet-02, service approved LOD, clinical documentation, profile information (if applicable) and DHAGL Worksheet-06 (if applicable) to the following FAX or address:  <b>FAX: 847-688-7394</b> or mail to: Defense Health Agency Great Lakes ATTN: Medical Pre-Authorizations 2834 Green Bay Road Ste 304 North Chicago IL 60064-3091

## How to Submit a Request for Pre-authorization for Line of Duty (LOD) Medical Care - Continued

**Results and follow up** Once all appropriate documentation has been received a pre-authorization will be issued by DHAGL to the TRICARE Regional Contractor within seven (07) working days. If the Unit Med Rep has not heard from DHAGL within seven working days contact the DHAGL Pre-Authorization department.

---

**Web Links for Worksheets** [Pre-Authorization Request for Medical Care, DHAGL Worksheet-02](#)  
[Pre-Authorization Request for Surgical Care, DHA-GL Worksheet-06](#)

---

**Point of Contact** If you have questions or need additional assistance beyond the information provided here, contact:

Division	Medical Care Branch
Position	Customer Contact Representative
Phone	888-647-6676

---

### Privacy Act Statement

**Privacy Act Statement:** This statement serves to inform you of the purpose for collecting information required by the Defense Health Agency Great Lakes (DHA-GL) and how it will be used.

**AUTHORITY:** 10 U.S.C. Chapter 55, Medical and Dental Care; 32 CFR 199.17, TRICARE program; and E.O. 9397 (SSN), as amended.

**PURPOSE:** To collect information from Military Health System beneficiaries in order to determine their eligibility for coverage under the TRICARE Program.

**ROUTINE USES:** Use and disclosure of your records outside of DoD may occur in accordance with 5 U.S.C. 522a (b) of the Privacy Act of 1974, as amended, which incorporates the DoD Blanket Routine Uses published at: [http://dpclo.defense.gov/privacy/SORNs/blanket\\_routine\\_uses.html](http://dpclo.defense.gov/privacy/SORNs/blanket_routine_uses.html). Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the HIPPA Privacy Rule (45 CFR Parts 160 and 164), as implemented within DoD by 6025.18-R. Permitted uses and discloses of PHI include, but are not limited to, treatment, payment, and healthcare operations.

**DISCLOSURE:** Voluntary; however, failure to provide information may result in the denial of coverage.

# How to Submit a Formal Appeal to Defense Health Agency Great Lakes DHA-GL

---

**Who This is For** Active duty, National Guard, and Reservist

**Purpose** This explains how an eligible member submits a formal appeal to the Defense Health Agency Great Lakes DHA-GL to request:

- . payment of a denied authorized medical care claim
  - . approval of a pre-authorization for medical care previously denied
- 

**Eligibility** To be eligible to submit a formal appeal to DHA-GL you must have been either been denied a payment of medical care claim(s), or denied pre-authorization request(s) for authorized medical care, and meet the following criteria:

If...	then on date of care, MUST...
Active duty	be eligible in Defense Enrollment Eligibility Reporting System ( <a href="#">DEERS</a> ), and <u>not</u> TRICARE enrolled to an MTF.
National Guard or Reservist	have an approved Line of Duty (LOD) on file at DHA-GL for the illness or injury.

Definition: Authorized health care: A medical treatment or procedure which is medically necessary.

---



## How to Submit a Formal Appeal to DHA-GL – CONTINUED –

### Appeal Process

Follow these steps to submit a formal appeal to DHA-GL:

Step	Who does it	What happens
1	Member	Contacts Medical/Unit Representative for clarification, guidance, and assistance with denial of claim or pre-authorization request.
2	Medical/Unit Representative	Ensures the denial decision was made by DHA-GL, and not by a Military Treatment Facility (MTF) and is authorized health care.  <u>Note:</u> If the member's care is managed by an MTF, contact that MTF for appeal process.
3	Medical/Unit Representative	Contacts appropriate DHA-GL point of contact below via telephone or email for further information regarding the reason for denial:  <b><u>If denial was for .... Then contact</u></b> Claim payment                      SPOC Pre-authorization                  Nurse Consultant Section
4	Medical/Unit Representative	Assists member in developing and mailing the appeal request package.
5	Member	Completes and mails the following appeal request package to DHA-GL at the below address:  <a href="#">.Formal Appeal Request Worksheet DHA-GL-03.</a> Copy of the Explanation of Benefits (EOB), if applicable . If Reservist, copy of orders and/or applicable LOD (if not on file at DHA-GL)  <u>Mailing Address:</u> Defense Health Agency Great Lakes Reserve and Service Member Support Office Attn: Appeals 2834 Green Bay Road Ste 304 North Chicago IL 60064-3091

## How to Submit a Formal Appeal to DHA-GL – CONTINUED –

---

**Results and Follow up** If the appeal is denied, the reason for the denial and information on how to initiate a second level appeal will be provided in writing directly to the service member.

---

**Point of Contact** If you have questions or need additional assistance beyond the information provided here, contact:

Division	Healthcare Support Services Branch
Position	Customer Service Representative
Phone	888-647-6676
Fax	847-688-6460

# Pharmacy Reimbursement for Guard and Reservist with Line of Duty (LOD) injuries or illness

---

**Who this is for** National Guard and Reservist

---

**Background and purpose** Defense Health Agency Great Lakes DHA-GL in conjunction with Express Scripts Incorporated (ESI) began processing Retail Pharmacy reimbursements for National Guard and Reservist on 15 November 2004.

---

**Eligibility** National Guard and Reservist who have pre-paid or have been billed for pharmaceuticals in conjunction with a Line of Duty Determination (LOD) injury or illness.

Note: Over-the-counter drugs and any non-covered pharmaceuticals will not be reimbursed.

---

**Process for Reimbursement** Follow these steps to get reimbursed for authorized pharmaceutical items:

Step	Action
1	Member completes and signs a CHAMPUS Claim - Patient's Request for Medical Payment <a href="#">DD Form 2642</a> .
2	Member provides claim printout or paid civilian pharmacy invoice with the following information: <ul style="list-style-type: none"><li>• Doctors Name</li><li>• Drug Name</li><li>• National Drug Code (NDC) number</li><li>• Quantity</li><li>• Cost share or amount charged</li><li>• Date of service, and</li><li>• Name of Retail Pharmacy</li></ul>

Pharmacy Reimbursement for Guard and Reservist with Line of Duty (LOD)  
injuries or illness – CONTINUED

---

Step	Action
3	Obtain eligibility documentation that covers the date of injury and/or pharmacy, i.e. orders, attendance roster, or LOD if not already sent to/on file at DHA-GL.
4	Complete DHA-GL Medical Eligibility Verification worksheet ( <a href="#">DHAGL Worksheet 01</a> ). Write pharmaceutical reimbursement in block #11.
5	Forward the DD Form 2642, pharmacy invoice, eligibility documentation/LOD, and DHA-GL Medical Eligibility Verification Worksheet to the following FAX or address:  <b>FAX: 847-688-6460</b>  Defense Health Agency Great Lakes DHA-GL Attn: RC Retail Pharmacy Reimbursement 2834 Green Bay Road Suite 304 North Chicago IL 60064-3091

---

**Results and Follow up** If DHA-GL determines your pharmacy bill is related to your LOD injury or illness they will instruct ESI to process your claim for reimbursement. Within 30 working days, you will receive an Explanation of Benefits (EOB) statement with a reimbursement check from ESI.

---

**Enclosure** TRICARE website for the pharmacy program: <http://www.tricare.mil/pharmacy>

---

**Point of Contact** If you have questions or need additional assistance beyond the information provided here, contact:

Division	Healthcare Support Services Branch
Position	Customer Service Representative
Phone	888-647-6676
Fax	847-688-6460

# How to Get Reimbursed for Pre-Paid Out-of-Pocket Medical Bills

---

**Who This is For** Active duty, National Guard, and Reservist

---

**Purpose** This topic explains how an eligible member can get reimbursed for authorized medical care that was pre-paid out-of-pocket.

---

**Eligibility** Active duty, National Guard and Reservist who pre-pay for authorized medical care or out-of-pocket costs must meet the following eligibility criteria:

If...	Then on date of care/bill, MUST...
Active duty	be eligible in Defense Enrollment Eligibility Reporting System ( <a href="#">DEERS</a> ), and enrolled to the appropriate Primary Care Manager.  <u>Note:</u> Errors in the DEERS database can cause problems with TRICARE claims, so it is critical to maintain your DEERS information. See “DEERS Enrollment” section below.
National Guard or Reservist	have a service endorsed Line of Duty (LOD) on file at Defense Health Agency Great Lakes DHA-GL for the illness or injury.

Note: To be reimbursed all health care must be a covered benefit or medically necessary.

## How to Get Reimbursed for Pre-Paid Out-of-Pocket Medical Bills - CONTINUED

---

### Process for Reimbursement

Follow these steps to get reimbursed for pre-paid medical bills:

Step	Action								
1	Member completes and signs a CHAMPUS Claim - Patient's Request for Medical Payment, <a href="#">DD Form 2642</a>								
2	<p>Forward the DD Form 2642, bill, and proof of payment (i.e. copy of paid receipt, cancelled check, credit card statement, etc) to the appropriate Managed Care Contractor for your region as follows:</p> <table><tr><th>Region:</th><th>Mail to:</th></tr><tr><td>North Region:</td><td>Health Net Federal Services, Inc. c/o PGBA, LLC/TRICARE P.O. Box 870140 Surfside Beach, SC 29587-9740 1-877-874-2273 <a href="http://www.mytricare.com">www.mytricare.com</a></td></tr><tr><td>South Region:</td><td>Humana Military TRICARE South Region P. O. Box 7031 Camden, SC 29020-7031 1-800-403-3950 <a href="http://www.mytricare.com">www.mytricare.com</a></td></tr><tr><td>West Region:</td><td>TRICARE West Region Claims Department P.O. Box 7064 Camden, SC 29020-7064 1-877-988-9378 <a href="http://www.uhcmilitarywest.com">www.uhcmilitarywest.com</a></td></tr></table>	Region:	Mail to:	North Region:	Health Net Federal Services, Inc. c/o PGBA, LLC/TRICARE P.O. Box 870140 Surfside Beach, SC 29587-9740 1-877-874-2273 <a href="http://www.mytricare.com">www.mytricare.com</a>	South Region:	Humana Military TRICARE South Region P. O. Box 7031 Camden, SC 29020-7031 1-800-403-3950 <a href="http://www.mytricare.com">www.mytricare.com</a>	West Region:	TRICARE West Region Claims Department P.O. Box 7064 Camden, SC 29020-7064 1-877-988-9378 <a href="http://www.uhcmilitarywest.com">www.uhcmilitarywest.com</a>
Region:	Mail to:								
North Region:	Health Net Federal Services, Inc. c/o PGBA, LLC/TRICARE P.O. Box 870140 Surfside Beach, SC 29587-9740 1-877-874-2273 <a href="http://www.mytricare.com">www.mytricare.com</a>								
South Region:	Humana Military TRICARE South Region P. O. Box 7031 Camden, SC 29020-7031 1-800-403-3950 <a href="http://www.mytricare.com">www.mytricare.com</a>								
West Region:	TRICARE West Region Claims Department P.O. Box 7064 Camden, SC 29020-7064 1-877-988-9378 <a href="http://www.uhcmilitarywest.com">www.uhcmilitarywest.com</a>								

### Results and follow up

When the appropriate documentation is received and processed by the Regional Managed Care Contractor a payment decision will be reflected on an Explanation of Benefits (EOB), normally within 30 working days of receipt.

### References and websites

TRICARE Operations Manual, chapter 19, Sections 1.4.1 and 3.8.3.  
<http://www.tricare.mil/Resources/Claims/MedicalClaims.aspx>

## How to Get Reimbursed for Pre-Paid Out-of-Pocket Medical Bills - CONTINUED

---

### **DEERS enrollment**

Follow one of the steps below to update your information in [DEERS](#):

In person	Go to the nearest <a href="#">military personnel office</a> or uniformed services ID card-issuing facility
Online	<a href="https://www.dmdc.osd.mil/milconnect/">https://www.dmdc.osd.mil/milconnect/</a>
By Mail	Defense Manpower Data Center Support Office Attention: COA 400 Gigling Road Seaside, CA 93955-6771
Fax	DEERS 831-655-8317
Phone	800-538-9552 Monday-Friday, 6 a.m. to 3:30 p.m. PST

---

### **Point of Contact**

If you have questions or need additional assistance beyond the information provided here, contact:

Division	Healthcare Support Services Branch
Position	Customer Service Representative
Phone	888-647-6676
Fax	847-688-6460

# How to get a Medical Bill removed from a Credit Report by Defense Health Agency Great Lakes DHA-GL

---

## Who This is For

Active duty, National Guard, and Reservist.

---

## Background and purpose

To assist members with resolving debt collection issues, the Under Secretary of Defense established Debt Collection Assistance Officer (DCAO) Programs at every Lead Agent Office and Military Treatment Facility worldwide.

DCAOs provide priority assistance when presented documentation verifying that collection action has been started or that negative information is reflected on a member's credit report as a result of late or non-payment for authorized health or dental care received through TRICARE.

Note: While DCAOs cannot provide legal advice or act as beneficiary advocates, they will take all measures necessary to ensure each case is thoroughly researched and that beneficiaries are provided with written findings and assistance in the minimum time possible.

---

## Eligibility

The following personnel may seek assistance via the Defense Health Agency Great Lakes DHA-GL DCAO to resolve debt collection issues:

If...	Member, must...
Active Duty	be enrolled in TRICARE Prime Remote (TPR) at the time of the authorized care/debt incurred.
National Guard and Reservist	have been issued a Line of Duty Determination (LOD) at the time of care/debt incurred.  <u>Note:</u> The LOD must be on file at DHAGL prior to requesting assistance. See "How to Forward a Line of Duty Determination (LOD) to DHAGL" topic sheet for complete instructions.

---



## How to get a Medical Bill removed from a Credit Report by DHAGL - CONTINUED

---

### How to Request Assistance

Follow these steps to receive assistance from the DHAGL DCAO:

Step	Action
1	<p>Member completes the following forms:</p> <ul style="list-style-type: none"><li>• <a href="#">Authorization For Disclosure of Medical or Dental Information DD Form 2870</a></li><li>• Notice of the Role of the DCAO form</li></ul> <p><u>Note:</u> DHAGL must have these forms to legally contact the credit bureau and/or collection agencies involved.</p>
2	<p>Member FAXes or mails the following documentation to DHAGL DCAO:</p> <ul style="list-style-type: none"><li>• DD Form 2870</li><li>• Notice of the Role of the DCAO form</li><li>• Copy of the final notice letter from the collection agency/credit bureau, stating this information has been noted on the member's credit report</li><li>• LOD (if appropriate)</li></ul> <p><b><u>FAX:</u> 847-688-6460</b></p> <p><u>Mail:</u> Defense Health Agency Great Lakes DHAGL Attn: Debt Collection Action Officer 2834 Green Bay Road STE 304 North Chicago IL 60064-3091</p> <p><u>Note:</u> If the DHAGL DCAO does not receive all the information listed above from the member, the DCAO will send the member a letter requesting information needed to pursue the case.</p>

## How to get a Medical Bill removed from a Credit Report by DHAGL - CONTINUED

---

### Results and follow up

Once a complete package is received, the DHAGL DCAO will contact the credit bureau/collection agency and requests a 60-day hold until TRICARE pays the claim. Once paid by TRICARE, a notice goes to the credit bureau/collection agency with information pertaining to the date of the check and check number. The letter also requests that the negative credit information be removed within 14 days.

If the care in question is not covered by TRICARE, or the member was ineligible, the DHAGL DCAO will send a letter to the member stating the facts.

---

### Website

Contact information for DCAOs can be found on the TRICARE web site at: <http://www.tricare.osd.mil/bcaedcao/>

---

### Enclosures

- Notice of the Role of the DCAO form
  - [Authorization For Disclosure of Medical or Dental Information DD Form 2870](#)
- 

### Point of Contact

If you have questions or need additional assistance beyond the information provided here, contact:

Position	Debt Collection Assistance Officer (DCAO)
Phone	888-647-6676
Fax	847-688-6460

## **NOTICE OF THE ROLE OF THE DEBT COLLECTION ASSISTANCE OFFICER**

### **ACKNOWLEDGEMENT**

I, \_\_\_\_\_, understand that the role of the Debt Collection Assistance Officer (DCAO) is one of researching TRICARE claims that are the basis for an underlying debt. The DCAO has my consent to contact all necessary agencies – including military personnel offices, military treatment facilities, TRICARE Lead Agent offices, the TRICARE Management Activity (TMA), managed care support contractors, creditors who have issued bills, even debt collection agencies if appropriate – in order to research the TRICARE claim involved. The DCAO will assist me in understanding the basis for the underlying debt. The DCAO will coordinate with TMA to provide an official determination as to the appropriate resolution of a TRICARE claim.

I acknowledge and understand that the DCAO is NOT acting as my advocate in assisting me regarding the pending debt collection action. In addition, I acknowledge that the DCAO is NOT acting as my legal representative in this matter. In the event the DCAO determines that the debt appears to be valid, I have the right to continue to challenge the correctness of the debt, including exercising my TRICARE appeal rights. I understand I have the right to seek legal assistance through my legal assistance officer or private attorney.

\_\_\_\_\_  
DATE: \_\_\_\_\_

\_\_\_\_\_  
**PRINTED NAME AND SOCIAL SECURITY NUMBER**